

FILED MAR 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4463

BIRTH NO. _____		REG. DIST. NO. 119- PRIMARY REG. DIST. NO. 4193		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY Gasconade			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Gasconade		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hermann		c. LENGTH OF STAY (in this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Boulevard Twp. 0370	
d. FULL NAME OF HOSPITAL OR INSTITUTION Workman Hospital			d. STREET ADDRESS (If rural, give location) 3 mi. E. of Bay		
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS b. (Middle) C. c. (Last) KUSCHEL		4. DATE OF DEATH (Month) (Day) (Year) Feb. 6 1950			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 0	8. DATE OF BIRTH Aug. 26-1870	9. AGE (In years last birthday) 79	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Hermann, Missouri RFD	
12. CITIZEN OF WHAT COUNTRY US		13a. FATHER'S NAME Ludwig Kuschel		13b. MOTHER'S MAIDEN NAME Henrietta Bock	
14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Louis Meyer, Bay, Missouri		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial hypertension DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 5 days year year 331X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-1, 1950, to 2-6, 1950, that I last saw the deceased alive on 2-6, 1950, and that death occurred at 10 A. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Cecil T. Shaw, M.D.		23b. ADDRESS Hermann, Mo		23c. DATE SIGNED 2-7-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-9-50		24c. NAME OF CEMETERY OR CREMATORY St. John Stolpe Cem.	
24d. LOCATION (City, town, or county) (State) Hermann, RFD Mo		24e. FUNERAL DIRECTOR'S SIGNATURE Hermann, Mo		24f. ADDRESS	
DATE REC'D BY LOCAL REG. 2/8/50		REGISTRAR'S SIGNATURE J. M. Mundell		24g. ADDRESS Hermann, Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 3 1950

District Health Officer No. 9

District File Number

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No. _____

Licensed Embalmer No. 3160

P. O. Address Hermann, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.